



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 20, 2006

Larue Gunter, Administrator
Crystal Springs Living Center
8284 S Crystal Springs Rd
Mc Cammon, ID 83250

FILE COPY

License #: RC-510

Dear Ms. Gunter:

On September 20, 2006, a life safety code survey was conducted at Crystal Springs Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/slc



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October 5, 2006

Larue Gunter, Administrator
Crystal Springs Living Center
8284 S Crystal Springs Rd
Mc Cammon, ID 83250

FILE COPY

Dear Ms. Gunter:

On September 20, 2006, a life safety code survey was conducted at Crystal Springs Living Center. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 20, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R510	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2006
NAME OF PROVIDER OR SUPPLIER CRYSTAL SPRINGS LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8284 S CRYSTAL SPRINGS RD MC CAMMON, ID 83250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 20, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3D7421

If continuation sheet 1 of 1



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BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Crystal Springs Living Center</i>	Physical Address <i>8284 South Crystal Sprs Rd</i>	Phone Number <i>254 9279</i>
Administrator <i>Larue Grunter</i>	City <i>McLamman</i>	ZIP Code <i>83250</i>
Survey Team Leader <i>Eric mundell</i>	Survey Type <i>Fire / Life Safety</i>	Survey Date <i>9/20/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.01.b	Electrical Equipment: Extension cord and multiple outlet/adapters were in use in the north west sleeping room.	
2	16.03.22.415.01	Maintenance: (A) Carpet remnants were stored against gas furnace. (B) Secondary means of egress from sleeping room on the northwest side was partially obstructed by a dresser.	
3	16.03.22.750.01	Fire drill documentation was not available to review for fire drills held since November 2005.	
4	16.03.22.750.03	Fuel-Fired Heating Inspection: A copy of the required annual inspection on the furnace was not kept on file.	
5	16.03.22.750.04 16.03.22.415.03	Portable Fire Extinguishers: Evidence or documentation of an annual professional inspection conducted on the fire extinguishers was not available to review.	
6	16.03.22.250.15	Call System: Electronic wireless signalling was not available from both bathrooms.	

Inspection

Response Required Date

October 20, 2006

Signature of Facility Representative

X. Larue Grunter